

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6	1					
7		1				
8		1				
9	1					
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50						
TOTAL IND.	3					
TOTAL DEP.	3					
TOTAL CLAIMS	6					

	IND		DEP		IND		DEP		IND		DEP	
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